

**Texas Board of Physical Therapy Examiners
Board Meeting**

**333 Guadalupe, Suite 2-510
Austin, Texas 78701**

**January 30, 2015
9:00 a.m.**

Members Present: Gary Gray, PT, Chair
Shari Waldie, PT, Vice Chair
Melinda Rodriguez, PT, DPT, Secretary
Harvey Aikman, PT
Barbara Sanders, PT, PhD
Jeffrey Tout, PT
Daniel Reyna, Public Member
René Peña, Public Member
Philip Vickers, Public Member

Counsel: Kara Holsinger, Assistant Attorney General

Staff: John Maline, Executive Director
Karen Gordon, PT Coordinator
Mark Turek, Chief Investigator
Cynthia Machado, Licensing Manager
Randy Glines, Assistant Licensing Manager

Guests: Stacey Mather, TPTA Staff
Amber Townsley, TPTA Staff

1. Call to order
2. Public comment
3. Approval of minutes from the October 24, 2014 meeting in Austin.
4. Discussion and possible action on Executive Director's Report concerning fiscal and budgetary matters, performance measures, ongoing projects, agency personnel matters, and other agency business.
5. Investigation Committee Report and consideration by the Board of the following items
 - A. Review and possible action on Agreed Orders for case #s: 14026; 14357; 15016; 15036; 15039; 15048; 15049; 15050; 15052; 15061; 15062; 15065; 15090; 15092; and 15093.
 - B. Discussion and possible action on the Investigation Committee Meeting of December 22, 2014.
 - C. Discussion and possible action on investigative activities to date.
6. Discussion and possible action on adopting changes to the following:
 - A. §322.1. Provision of Services;
 - B. §329.3. Temporary Licensure;
 - C. §329.6. Licensure by Endorsement;
 - D. §341.1. Requirements for Renewal;
 - E. §341.3. Qualifying Continuing Competence; and
 - F. §341.6. License Restoration.
7. Rules Committee Report and discussion and possible action by the Board on the following items:
 - D. Discussion and possible action on proposing changes to §322.1., Provision of Services, regarding adding (f) Telehealth.
 - E. Discussion and possible action on proposing changes to §322.4, Practicing in a Manner Detrimental to the Public Health and Welfare.

- 1 F. Discussion and possible action on proposing changes to §341.9., Retired Status regarding
- 2 requirements for return to active practice.
- 3 G. Discussion and possible action on proposing changes to §346.3. Early Childhood
- 4 Intervention (ECI) Setting regarding review of plan of care.
- 5 8. Education Committee Report and discussion and possible action by the Board on the following
- 6 items:
- 7 D. Discussion and possible action on the TPTA Continuing Competence Approval Program
- 8 (CCAP) report.
- 9 E. Discussion and possible action on proposing changes to §341.3, Qualifying Continuing
- 10 Competence Activities, including criteria for approving continuing education activities.
- 11 F. Discussion and possible action on proposing changes to §329.2, Licensure by Examination,
- 12 including revising additional education requirements for re-examination, low score policy, and
- 13 letter of weakness/plan for remediation.
- 14 G. Discussion and possible action on proposing changes to §329.5, Licensure Procedures for
- 15 Foreign-Trained Applicants, including changes to the Test of English as a Foreign Language
- 16 (TOEFL) score reporting, utilization of current Coursework Tool (CWT) for examination
- 17 applicants, and utilization of the PTA CWT.
- 18 9. Discussion and possible action on supervision ratios and productivity standards.
- 19 10. Discussion and possible action on the Board Coordinator's report.
- 20 11. Discussion and possible action on the Board Chair's report concerning any item listed on the
- 21 agenda and on events that have occurred between this meeting and the Board's last meeting.
- 22 12. Discussion and possible action on long-term planning for future meetings, including future
- 23 meeting dates and agenda items.
- 24 13. Adjournment

1 **1. Call to order**

2
3 Mr. Gray called roll and determined that a quorum existed. He called the meeting to order at 9:18
4 a.m.

5
6 **2. Public comment**

7
8 There was no public comment.

9
10 **3. Approval of minutes from the October 24, 2014.**

11
12 *Motion: To approve the minutes as submitted.*

13 *Made by: Shari Waldie*

14 *Second: Harvey Aikman*

15 *Motion passed unanimously.*

16
17 **4. Discussion and possible action on Executive Director's Report concerning fiscal and**
18 **budgetary matters, performance measures, ongoing projects, agency personnel matters,**
19 **and other agency business**

20
21 Mr. Maline reported on the following:

- 22 • Personnel changes
- 23 • Agency budget and fiscal status
- 24 • Performance Measures
- 25 • Legislative session including budget hearings and appropriations

26
27 **5. Investigation Committee Report and consideration by the Board of the following items:**

28
29 **A. Review and possible action on Agreed Orders for case #s:**

30 **14026; 14357; 15016; 15036; 15039; 15048; 15049; 15050; 15052; 15061; 15062; 15065;**
31 **15090; 15092; and 15093.**

32
33 The Board reviewed and approved the following Agreed Orders presented by Mr. Turek:

34	14026	14357	15016
35	15036	15039	15048
36	15049	15050	15052
37	15061	15062	15090
38	15092	15093	

39
40
41 Dr. Sanders abstained from voting on Agreed Order #15062.

42
43 **B. Discussion and possible action on the Investigation Committee Meeting of December**
44 **22, 2014.**

45
46 Mr. Turek reported that the Committee reviewed 105 cases, held 2 informal conferences,
47 rescheduled 1 informal conference, and issued 16 Agreed Orders.

48
49 **C. Discussion and possible action on investigative activities to date**

50
51 Mr. Turek reported on performance measures and on the number of investigations and school visits
52 completed since the last meeting. He also reported on a National Practitioner DataBank (NPDB)
53 compliance webinar on January 22, 2015, and the upcoming NPDB Education Forum in April.

54
55 **6. Discussion and possible action on adopting changes to the following: §322.1. Provision**
56 **of Services; §329.3. Temporary Licensure; §329.6. Licensure by Endorsement; §341.1.**

Requirements for Renewal; §341.3. Qualifying Continuing Competence; and §341.6. License Restoration.

Motion: To adopt changes to §322.1. Provision of Services as proposed.

Made by: Harvey Aikman

Second: Shari Waldie

Motion passed unanimously.

There was one public comment submitted that was discussed prior to voting on this proposal.

Motion: To adopt changes to §329.3. Temporary Licensure as proposed.

Made by: Harvey Aikman

Second: Shari Waldie

Motion passed unanimously.

There were no comments or discussion on this proposal.

Motion: To adopt changes to §329.6. Licensure by Endorsement as proposed.

Made by: Harvey Aikman

Second: Shari Waldie

Motion passed unanimously.

There were no comments or discussion on this proposal.

Motion: To adopt changes to §341.1. Requirements for Renewal as proposed.

Made by: Barbara Sanders

Second: Harvey Aikman

Motion passed unanimously.

There were no comments or discussion on this proposal.

Motion: To adopt changes to §341.3. Qualifying Continuing Competence as proposed.

Made by: Shari Waldie

Second: Melinda Rodriguez

Motion passed unanimously.

There were no comments or discussion on this proposal.

Motion: To adopt changes to §341.6. Licensure Restoration as proposed.

Made by: René Peña

Second: Philip Vickers

Motion passed unanimously.

There were no comments or discussion on this proposal.

(See Attachment A for all adopted changes)

Mr. Gray recessed the Board at 10:55 a.m. and reconvened the Board at 11:05 a.m.

7. Rules Committee Report and discussion and possible action by the Board on the following items:

D. Discussion and possible action on proposing changes to §322.1., Provision or Services, regarding adding (f) Telehealth.

1 Mr. Aikman reported that the Committee reviewed several documents pertaining to telehealth and
2 that further review and discussion were needed before promulgating rules regarding the provision of
3 physical therapy via telehealth.
4

5 **E. Discussion and possible action on proposing changes to §322.4., Practicing in a**
6 **Manner Detrimental to the Public Health and Welfare.**
7

8 Mr. Aikman brought forth a motion from Committee to amend §322.4. Practicing in a Manner
9 Detrimental to the Public Health and Welfare by adding (18) to establish that failing to maintain
10 confidentiality of all verbal, written, electronic, augmentative, and nonverbal communication,
11 including compliance with HIPAA regulations, would be considered detrimental practice and as
12 such could subject a licensee to disciplinary action. (See Attachment B)
13

14 *Motion: To propose changes to §322.4. Practicing in a Manner Detrimental to the Public*
15 *Health and Welfare as submitted.*

16 *Made by: Committee*

17 *Second: None required*

18 *Motion passed unanimously.*
19

20 There were no comments or discussion on this proposal.
21

22 **F. Discussion and possible action on proposing changes to §341.9., Retired Status,**
23 **regarding requirements for return to active practice.**
24

25 Mr. Aikman brought forth a motion from Committee to amend §341.9. Retired Status, that
26 eliminates notarization of the application and establishes options other than retaking and passing
27 the national exam for a licensee on retired status for more than one year to return to active status.
28 (See Attachment C)
29

30 *Motion: To propose changes to §341.9. Retired Status as submitted.*

31 *Made by: Committee*

32 *Second: None required*

33 *Motion passed unanimously.*
34

35 There were no comments or discussion on this proposal.
36

37 **G. Discussion and possible action on proposing changes to §346.3. Early Childhood**
38 **Intervention (ECI) Setting, regarding review of plan of care.**
39

40 Mr. Aikman brought forth a motion from Committee to amend §346.3. Early Childhood Intervention
41 (ECI) Setting by changing the timeframe for review of the plan of care from at least every 30 days to
42 at least every 60 days or concurrent with every visit if the child is seen at intervals greater than 60
43 days. (See Attachment D)
44

45 *Motion: To propose changes to §346.3. Early Childhood Intervention (ECI) Setting as*
46 *submitted.*

47 *Made by: Committee*

48 *Second: None required*

49 *Motion passed unanimously.*
50

51 There were no comments or discussion on this proposal.
52

53 **8. Education Committee Report and discussion and possible action by the Board on the**
54 **following items:**
55

56 **D. Discussion and possible action on the TPTA Continuing Competence Approval**
57 **Program (CCAP) report.**

Dr. Sanders reported that the Committee:

- Discussed CCAP activities since the October 23, 2014 meeting;
- Discussed a question regarding whether or not full credit for a course that has to be cut short due to inclement weather can be awarded to attendees. The Committee decided that if extenuating circumstances exist and if the content of the course has been covered, attendees could receive full credit for the course.
- Discussed a question regarding whether or not there is a minimum number of reviews per year that a peer reviewer must complete in order to qualify for the 3 CCUs per year of service. The Committee decided that a minimum of 10 reviews and/or 75% of reviews must be completed in order to qualify for the CC credit.

E. Discussion and possible action on proposing changes to §341.3, Qualifying Continuing Competence Activities, including criteria for approving continuing education activities.

Dr. Sanders reported that the Committee reviewed the Federation of State Boards of Physical Therapy (FSBPT) standards for continuing competence activities and decided that no revision to the criteria for approving continuing education courses set forth in §341.3. is warranted at this time.

F. Discussion and possible action on proposing changes to §329.2., Licensure by Examination, including revising additional education requirements for re-examination, low score policy, and letter of weakness/plan for remediation.

Dr. Sanders brought forth a motion from Committee to amend §329.2., Licensure by Examination in order to comply with FSBPT changes of maximum six attempts and low score policy to the NPTE eligibility requirements which will be implemented in January 2016, and to eliminate the requirement for a letter of weakness and remediation for applicants failing the NPTE two or more times. (See Attachment E)

Motion: To propose changes to §329.2. Licensure by Examination as submitted.

Made by: Committee

Second: None required

Motion passed unanimously.

There were no comments or discussion on this proposal.

G. Discussion and possible action on proposing changes to §329.5, Licensure Procedures for Foreign-Trained Applicants, including changes to the Test of English as a Foreign Language (TOEFL) score reporting, utilization of current Coursework Tool (CWT) for examination applicants, and utilization of the PTA CWT.

Dr. Sanders reported that the Committee decided to defer this item until the FSBPT put forth a definitive timeline for implementing the changes to the eligibility requirements of foreign-educated applicants.

9. Discussion and possible action on supervision ratios and productivity standards.

Mr. Gray led a discussion on supervision ratios and productivity standards. The Board consensus was not to impose supervision ratio, and that productivity standards are not within the purview of the Board.

Mr. Gray reordered the agenda to hear #11 Chair's report before #10 Board Coordinator's report with no objection.

11. Board Chair's report concerning any item listed on the agenda and on events that have occurred between this meeting and the Board's last meeting.

1
2 Mr. Gray reported on a meeting between several representatives of the Texas State Board of
3 Acupuncture Examiners and Karen Gordon, PT Board Coordinator; Kara Holsinger, AAG, Board
4 Counsel; and himself representing the PT Board on October 31, 2014. He reported that there was
5 no agreement between the two groups concerning dry needling performed by physical therapists,
6 but stated that the meeting was cordial.
7

8 **10. Discussion and possible action on the Board Coordinator's report**

9

10 Ms. Gordon reported that she attended the February January 16, 2015 meeting of the Texas State
11 Board of Acupuncture Examiners, and that the Acupuncture Board had directed staff to begin the
12 necessary research to seek an Attorney General's Opinion regarding the performance of dry
13 needling by physical therapists.
14

15 **12. Discussion and possible action on long-term planning for future meetings, including** 16 **future meeting dates and agenda items** 17

18 The Board scheduled the next meetings for April 24, 2015 and July 24, 2015 all to be held in Austin.
19 The Board instructed staff to explore possible sites for a Board retreat in October or November and
20 alternative methods for distributing Board materials.
21

22 **13. Adjournment**

23

24 *Motion: To adjourn the meeting.*
25 *Made by: Harvey Aikman*
26 *Second: Shari Waldie*
27 *Motion passed unanimously.*
28

29 Mr. Gray adjourned the meeting at 12:00 p.m.
30

31
32 **Date reviewed by the Board:** 04/24/2015

33 **Action taken by the Board:** approved as submitted

§322.1. Provision of Service – adopted to be effective March 1, 2015

Summary of Amendment: The language in (d) Reevaluation is amended to change the timeframe for re-evaluation of a patient from 30 days to 60 days before provision of physical therapy treatment by a physical therapist assistant or a physical therapy aide can continue.

§322.1. Provision of Services.

(a) Initiation of physical therapy services.

(1) Referral requirement. A physical therapist is subject to discipline from the board for providing physical therapy treatment without a referral from a qualified healthcare practitioner licensed by the appropriate licensing board, who within the scope of the professional licensure is authorized to prescribe treatment of individuals. The list of qualifying referral sources includes physicians, dentists, chiropractors, podiatrists, physician assistants, and advanced nurse practitioners.

(2) Exceptions to referral requirement.

(A) A PT may evaluate without referral.

(B) A PT may provide instructions to any person who is asymptomatic relating to the instructions being given without a referral, including instruction to promote health, wellness, and fitness.

(C) Emergency Circumstances. A PT may provide emergency medical care to a person after the sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity without referral if the absence of immediate medical attention could reasonably be expected to result in a serious threat to the patient's health, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

(D) Prior referrals. A physical therapist may treat a patient for an injury or condition that is the subject of a prior referral if all of the following conditions are met.

(i) The physical therapist must notify the original referring healthcare personnel of the commencement of therapy by telephone within five days, or by letter postmarked within five business days;

(ii) The physical therapy provided must not be for more than 20 treatment sessions or 30 consecutive calendar days, whichever occurs first. At the conclusion of this time or treatment, the physical therapist must confer with the referring healthcare personnel before continuing treatment;

(iii) The treatment can only be provided to a client/patient who received the referral not more than one year previously; and

(iv) The physical therapist providing treatment must have been licensed for one year. The physical therapist responsible for the treatment of the patient may delegate appropriate duties to another physical therapist having less than one year of experience or to a physical therapist assistant. A physical therapist licensed for more than one year must retain responsibility for and supervision of the treatment.

(3) Methods of referral. A referral may be transmitted by a qualifying referral source in the following ways:

(A) in a written document, including faxed and emailed documents; or

(B) verbally, in person or by telephone. If a referral is transmitted verbally, whether in person or by telephone, it must be received, recorded and signed by the PT, PTA or other authorized personnel, and include all of the information that would appear on a written referral.

(b) Evaluation and screening.

(1) Evaluation. Physical therapy treatment may not be provided prior to the completion of an evaluation of the patient's condition by a PT.

(2) PTAs may screen patients designated by a PT as possible candidates for physical therapy services. Screening entails the collection of uniform information from all patients screened using a predetermined, standardized format. The information collected is delivered to the supervising PT.

Only a PT may determine whether further intervention for patients screened is necessary.

(c) Physical therapy plan of care development and implementation.

- (1) The PT must develop a written plan of care, based on his evaluation, for each patient.
- (2) Treatment may not be provided by a PTA or aide until the plan of care has been established.
- (3) The plan of care must be reviewed and updated as necessary following a reevaluation of the patient's condition.
- (4) The plan of care or treatment goals may only be changed or modified by a PT.
- (5) A PTA may modify treatment techniques as indicated in the plan of care.
- (6) A PT or PTA must interact with the patient regarding his/her condition, progress and/or achievement of goals during each treatment session.

(d) Reevaluation.

- (1) Provision of physical therapy treatment by a PTA or an aide may not continue if the PT has not performed a reevaluation:
 - (A) at a minimum of once every 60 days after treatment is initiated, or at a higher frequency as established by the PT; and
 - (B) In response to a change in the patient's medical status that affects physical therapy treatment, when a change in the physical therapy plan of care is needed, or prior to any planned discharge.
- (2) A reevaluation must include:
 - (A) An onsite reexamination of the patient; and
 - (B) A review of the plan of care with appropriate continuation, revision, or termination of treatment.

(e) Documentation of treatment.

- (1) At a minimum, documentation of physical therapy services must include the following:
 - (A) any referral authorizing treatment;
 - (B) the initial examination and evaluation;
 - (C) the plan of care;
 - (D) documentation of each treatment session by the PT or PTA providing the services;
 - (E) reevaluations as required by this section;
 - (F) any conferences between the PT and PTA, as described in this section; and
 - (G) the discharge summary.
- (2) The PTA must include the name of the supervising PT in his documentation of each treatment session.
- (3) Physical therapy aides may not write or sign any physical therapy documents in the permanent record. However, a physical therapy aide may enter quantitative data for tasks delegated by the supervising PT or PTA.
- (4) Discharge Summary. The PT must provide final documentation for discharge of a patient, including patient response to treatment at the time of discharge and any necessary follow-up plan. A PTA may participate in the discharge summary by providing subjective and objective patient information to the supervising physical therapist.

§329.3. Temporary Licensure – Adopted to be effective March 1, 2015

Summary of Amendment: The amendment adds/modifies language to (b) to establish a new category for issuing a temporary license to restoration applicants completing supervised clinical practice, (c) to clarify that an individual with a temporary license must be supervised by a physical therapist, and (d) to allow a temporary licensee to begin work on the basis of website verification of licensure.

§329.3. Temporary Licensure

(a) For examination candidates.

(1) Requirements.

- (A) meet all requirements as stated in §329.1 of this title (relating to General Licensure Requirements and Procedures);
- (B) register for the national physical therapy examination;
- (C) submit temporary licensee and supervisor affidavits as provided by the board; and
- (D) submit fees for temporary licensure as set by the executive council.

(2) Eligibility.

- (A) The board will issue a temporary license to work in Texas to an applicant who is taking the exam for the first time.
- (B) An applicant who has received a license from another state is not eligible for temporary licensure.
- (C) A candidate who has taken and failed the physical therapist examination is not eligible for temporary licensure as a physical therapist assistant.

(3) Duration.

- (A) The temporary license is valid until the applicant receives the score report from the board, or until the last day of the third month after the month the license is issued, whichever occurs first.
- (B) The coordinator may extend the temporary license for no more than 30 days to offset an unreasonable delay in reporting the examination results to the applicant.

(4) Failure of examination. If the applicant fails the exam, the temporary license is void and must be returned to the board when the notification of the failure is received.

(b) For restoration of license by means of Supervised Clinical Practice (SCP).

(1) Requirements.

- (A) meet all requirements as stated in §341.6 (d) (1) (A) – (D) (relating to License Restoration);
- (B) submit temporary license and supervisor affidavits as provided by the board; and
- (C) submit fees for temporary licensure as set by the executive council.

(2) Duration.

- (A) The temporary license is valid for the duration of the SCP as designated by the board;
- (B) If the applicant fails to complete the SCP in the designated timeframe, the temporary license is void and must be returned to the board.

(c) Supervision requirements. An applicant with a temporary PT license must have on-site supervision by a physical therapist with a permanent license to practice in Texas when providing physical therapy services. An applicant with a temporary PTA license must have on-site supervision by a physical therapist with a permanent license to practice in Texas when providing physical therapy services.

(d) A new temporary licensee may provide physical therapy services upon online verification of licensure. The Board will maintain a secure resource for verification of license status and expiration date on its website.

§329.6. Licensure by Endorsement – Adopted to be effective March 1 2015

Summary of Amendment: The amendment revises language in (d) by eliminating reference to a two year work history for provisional licensure in order to comply with legislative changes during the 83rd Legislature.

§329.6. Licensure by Endorsement.

(a) Eligibility. The board may issue a license by endorsement to an applicant currently licensed in another state, District of Columbia, or territory of the U.S., if they have not previously held a permanent license issued by this board.

(b) Requirements. An applicant seeking licensure by endorsement must:

- (1) meet the requirements as stated in §329.1 of this title (relating to General Licensure Requirements and Procedures);
- (2) provide a score report for the National Physical Therapy Examination sent directly to the board by the board-approved reporting service, or scores on the Registry Examination sent directly to the board by the American Physical Therapy Association. The score reported must have satisfied requirements for licensure in a state at the time the applicant took the exam; and
- (3) provide verification of license from every jurisdiction in which the applicant has held or still holds a license, sent directly to the board by the issuing jurisdiction. The board may accept web-based verification in place of verification sent by another jurisdiction if the board is satisfied that the applicant's license(s) is/are valid.

(c) Licensure of a Military Spouse. The board will expedite the issuance of a license by endorsement to a spouse of a member of the U.S. armed forces on active duty. The applicant must provide official documentation of the active duty status of the spouse.

(d) Provisional licensure. The board may grant a provisional license to an applicant who is applying for licensure by endorsement if there is a delay in the submission of required documents outside the applicant's control. The applicant must submit the provisional license fee as set by the executive council. The board may not grant a provisional license to an applicant with disciplinary action in their licensure history. The provisional license is valid for 180 days, or until a permanent license is issued or denied, whichever is first.

§341.1. Requirements for Renewal – Adopted to be effective March 1, 2015

Summary of Amendment: The amendment changes language in (a) to convert license renewal dates from the current anniversary method wherein licenses are renewed on the two-year anniversary of the license's first issuance to a birth-month system in which all renewals will occur every two years at the end of the birth month of the licensee.

§341.1. Requirements for Renewal.

(a) Biennial renewal. Licensees are required to renew their licenses every two years by the end of their birth month. The Board will maintain a secure resource for verification of license status and expiration date on its website.

(b) Notification of impending license expiration. The board will send notification to each licensee at least 30 days prior to the license expiration date. The licensee is responsible for ensuring that the license is renewed, regardless of receipt of notification.

(c) General requirements. The renewal application is not complete until all required items are received by the board. The components required for license renewal are:

(1) a completed renewal application documenting completion of board-approved continuing competence activities, as described in §341.2 of this title (relating to Continuing Competence Requirements);

(2) the renewal fee, and any late fees which may be due; and

(3) a passing score on the jurisprudence examination.

(d) If all required items are not postmarked (if submitted by mail) or date stamped (if submitted online) prior to the license expiration date, the renewal is late and the license is expired. The licensee may not practice until the license is listed as current on the board's website.

(e) A licensee may renew a license expired less than one year. The items required for the reinstatement of a license are:

(1) Expired for 90 days or less:

(A) All items listed in subsection (c) of this section; and

(B) The late fee as set by the executive council in §651.2 of this title (relating to Physical Therapy Board Fees).

(2) Expired for more than 90 days but less than one year:

(A) All items listed in subsection (c) of this section;

(B) The late fee as set by the executive council; and

(C) Documentation showing completion of continuing competence requirements as specified in §341.2 of this title.

(f) Renewal of a license expired one year or more. A license expired one year or more must be reinstated as specified in §341.6 of this title (relating to License Restoration).

§341.3. Qualifying Continuing Competence – Adopted to be effective March 1, 2015

Summary of Amendment: The amendment changes language to (5) (D) in order to align the criteria for claiming continuing competence credit for mentoring a fellow or resident with the criteria set by the accrediting entity, the American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE).

§341.3. Qualifying Continuing Competence Activities.

Licensees may select from a variety of activities to fulfill the requirements for continuing competence. These activities include the following:

(1) Continuing education (CE).

(A) Program content and structure must be approved by the board-approved organization, or be offered by a provider accredited by that organization. Programs must meet the following criteria:

(i) Program content must be easily recognizable as pertinent to the physical therapy profession and in the areas of ethics, professional responsibility, clinical application, clinical management, behavioral science, science, or risk management.

(ii) The content must be identified by instructional level, i.e., basic, intermediate, advanced. Program objectives must be clearly written to identify the knowledge and skills the participants should acquire and be consistent with the stated instructional level.

(iii) The instructional methods related to the objectives must be identified and be consistent with the stated objectives.

(iv) Programs must be presented by a licensed health care provider, or by a person with appropriate credentials and/or specialized training in the field.

(v) Program providers are prohibited from self-promotion of programs, products, and/or services during the presentation of the program.

(vi) The participants must evaluate the program. A summary of these evaluations must be made available to the board-approved organization upon request.

(vii) Records of each licensee who participates in the program must be maintained for four years by the CE sponsor/provider and must be made available to the board-approved organization upon request.

(B) CE programs subject to this subsection include the following:

(i) Live programs.

(I) One contact hour equals 1 continuing competence unit (CCU).

(II) Documentation must include the name and license number of the licensee; the title, sponsor/provider, date(s), and location of the course; the number of CCUs awarded, the signature of an authorized signer, and the accredited provider or program approval number.

(III) If selected for audit, the licensee must submit the specified documentation.

(ii) Self-study programs - Structured, self-paced programs or courses offered through electronic media (for example, via the internet or on DVD) or on paper (for example, a booklet) completed without direct supervision or attendance in a class.

(I) One contact hour equals 1 CCU.

(II) Documentation must include the name and license number of the licensee; the title, sponsor/provider, date(s), and instructional format of the course; the number of CCUs awarded, the signature of an authorized signer, and the accredited provider or program approval number.

(III) If selected for audit, the licensee must submit the specified documentation.

(iii) Regular inservice-type programs over a one-year period where individual sessions are granted 2 CCUs or less.

(I) One contact hour equals 1 CCU.

(II) Documentation must include the name and license number of the licensee; the title, sponsor/provider, date(s), and location of the inservice; the signature of an authorized signer, and the accredited provider or program approval number with the maximum CCUs granted and the CCU value of each session or group of sessions specified and justified.

(III) Additionally, proof of attendance to any or all inservice sessions must be provided so that individual CCUs earned can be calculated by the program sponsor/provider for submission to the board-approved organization.

(IV) If selected for audit, the licensee must submit the specified documentation.

(iv) Large conferences with concurrent programming.

(I) One contact hour equals 1 CCU.

(II) Documentation must include the licensee's name and license number; title, sponsor/provider, date(s); and location of the conference; the number of CCUs awarded, the signature of an authorized signer, and the accredited provider or course approval number.

(III) If selected for audit, the licensee must submit the specified documentation and proof of attendance.

(2) College or university courses.

(A) Courses at regionally accredited US colleges or universities easily recognizable as pertinent to the physical therapy profession and in the areas of ethics, professional responsibility, clinical application, clinical management, behavioral science, science, or risk management.

(i) The course must be at the appropriate educational level for the PT or the PTA.

- (ii) All college courses in this subsection are subject to the following:
 - (I) One satisfactorily completed credit hour (grade of C or equivalent, or higher) equals 10 CCUs.
 - (II) Documentation required for consideration includes the course syllabus for each course and an official transcript.
 - (III) If selected for audit, the licensee must submit the approval letter from the board-approved organization.
 - (B) Courses submitted to meet the ethics/professional responsibility requirement must be approved as stated in §341.2 of this chapter (relating to Continuing Competence Requirements).
 - (C) College or university sponsored CE programs (no grade, no official transcript) must comply with paragraph (1)(A) of this subsection
 - (D) College or university courses that are part of a post-professional physical therapy degree program, or are part of a CAPTE-accredited program bridging from PTA to PT, are automatically approved and are assigned a standard approval number by the board-approved organization. If selected for an audit, the licensee must submit an official transcript
- (3) Scholarship.
 - (A) Publications. Publication(s) pertinent to physical therapy and in the areas of ethics, professional responsibility, clinical practice, clinical management, behavioral science, science, or risk management written for the professional or lay audience. The author(s) are prohibited from self-promotion of programs, products, and/or services in the publication.
 - (i) The publication must be published within the 24 months prior to the license expiration date.
 - (ii) CCU values for types of original publications are as follows:
 - (I) A newspaper article (excluding editorials and opinion pieces) may be valued up to 3 CCUs.
 - (II) A regional/national magazine article (excluding editorials and opinion pieces) may be valued up to 10 CCUs.
 - (III) A case study in a peer reviewed publication, monograph, or book chapter(s) is valued at 20 CCUs.
 - (IV) A research article in a peer reviewed publication, or an entire book is valued at 30 CCUs.
 - (iii) Documentation required for consideration includes the following:
 - (I) For newspaper articles, a copy of the article and the newspaper banner, indicating the publication date;
 - (II) For magazine articles and publications in peer reviewed journals, a copy of the article and the Table of Contents page of the publication showing the author's name and the name and date of the publication.
 - (III) For monographs or single book chapters, a copy of the first page of the monograph or chapter, and the Table of Contents page of the publication showing the author's name and the name and date of the publication.
 - (IV) For an entire book or multiple chapters in a book, the author must submit the following: title page, copyright page, entire table of contents, preface or forward if present, and one book chapter authored by the licensee.
 - (iv) If selected for audit, the licensee must submit the approval letter from the board-approved organization.
 - (B) Manuscript review. Reviews of manuscripts for peer-reviewed publications pertinent to physical therapy and in the areas of ethics, professional responsibility, clinical practice, clinical management, behavioral science, science, or risk management. The Board will maintain and make available a list of peer-reviewed publications that are automatically approved for manuscript review and assigned a standard approval number by the board-approved organization.
 - (i) The review must be completed within the 24 months prior to the license expiration date.
 - (ii) One manuscript review is valued at 3 CCUs.
 - (iii) For each renewal:
 - (I) PTs may submit no more than 3 manuscript reviews (9 CCUs).
 - (II) PTAs may submit no more than 2 manuscript reviews (6 CCUs).
 - (iv) If selected for audit, the licensee must submit a copy of the letter or certificate from the publisher confirming completion of manuscript review.
 - (v) A peer-reviewed publication not on the list of recognized publications for manuscript review but pertinent to the physical therapy profession may be submitted to the board-approved organization for consideration. Documentation required for consideration includes the following:
 - (I) The name of the peer-reviewed journal;
 - (II) The name of the manuscript; and
 - (III) A description of the journal's relevance to the physical therapy profession.
 - (C) Grant proposal submission. Submission of grant proposals by principal investigators or co-principal investigators for research that is pertinent to physical therapy and in the areas of ethics, professional responsibility, clinical practice, clinical management, behavioral science, science, or risk management.
 - (i) The grant proposal must be submitted to the funding entity within the 24 months prior to the license expiration date.
 - (ii) One grant proposal is valued at 10 CCUs.
 - (iii) Licensees may submit a maximum of 1 grant proposal (10 CCUs).

- (iv) Documentation required for consideration is a copy of the grant and letter submitted to the grant-provider.
 - (v) If selected for audit, the licensee must submit the approval letter from the board-approved organization.
- (D) Grant review for research pertinent to healthcare. The Board will maintain and make available a list of grant-issuing entities that are automatically approved for grant review and assigned a standard approval number by the board-approved organization.
 - (i) The review must be completed within the 24 months prior to the license expiration date.
 - (ii) One grant review is valued at 3 CCUs.
 - (iii) Licensees may submit a maximum of 2 grant reviews (6 CCUs).
 - (iv) If selected for audit, the licensee must submit a letter or certificate confirming grant review from the grant provider.
 - (v) A grant-issuing entity not on the list of recognized entities for grant review but pertinent to the physical therapy profession may be submitted to the board-approved organization for consideration. Documentation required for consideration includes the following:
 - (I) The name of the grant-issuing entity;
 - (II) The name of the grant; and
 - (III) A description of the grant's relevance to the physical therapy profession.
- (4) Teaching and Presentation Activities.
 - (A) First-time development or coordination of course(s) in a CAPTE-accredited PT or PTA program, or a post-professional physical therapy degree program, or a CAPTE-accredited program bridging from PTA to PT. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.
 - (i) The course must be offered for the first time within the 24 months prior to the license expiration date.
 - (ii) One student contact hour equals 4 CCUs.
 - (iii) Licensees are limited to the following number of CCUs:
 - (I) PTs may submit a maximum of 10 CCUs for this activity.
 - (II) PTAs may submit a maximum of 8 CCUs for this activity.
 - (iv) If selected for audit, the licensee must submit a copy of the course syllabus indicating the licensee as course coordinator or primary instructor.
 - (B) First-time development or coordination of course(s) in a regionally accredited U.S. college or university program for other health professions.
 - (i) The course must be offered for the first time within the 24 months prior to the license expiration date.
 - (ii) One student contact hour equals 4 CCUs.
 - (iii) Licensees are limited to the following number of CCUs:
 - (I) PTs may submit a maximum of 10 CCUs for this activity.
 - (II) PTAs may submit a maximum of 8 CCUs for this activity.
 - (iv) Documentation required for consideration is a copy of the course syllabus indicating the licensee as course coordinator or primary instructor.
 - (v) If selected for audit, the licensee must submit the approval letter from the board-approved organization.
 - (C) Presentation or instruction as a guest lecturer in a CAPTE-accredited PT or PTA program, or a post-professional physical therapy degree program, or a CAPTE-accredited program bridging from PTA to PT. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.
 - (i) One student contact hour equals 2 CCUs.
 - (ii) Licensees are limited to the following number of CCUs:
 - (I) PTs may submit a maximum of 10 CCUs for this activity.
 - (II) PTAs may submit a maximum of 8 CCUs for this activity.
 - (iii) If selected for audit, the licensee must submit a copy of the course syllabus indicating the licensee as course presenter or instructor.
 - (D) Presentation or instruction as a guest lecturer in a regionally accredited U.S. college or university program for other health professions.
 - (i) One student contact hour equals 2 CCUs.
 - (ii) Licensees are limited to the following number of CCUs:
 - (I) PTs may submit a maximum of 10 CCUs for this activity.
 - (II) PTAs may submit a maximum of 8 CCUs for this activity.
 - (iii) Documentation required for consideration is a copy of the course syllabus indicating the licensee as course coordinator or primary instructor.
 - (iv) If selected for audit, the licensee must submit a copy of the course syllabus indicating the licensee as course presenter or instructor.
 - (E) First-time development, presentation or co-presentation at state, national or international workshops, seminars, or professional conferences, or at a board-approved continuing education course.
 - (i) The course must be offered for the first time within the 24 months prior to the license expiration date.
 - (ii) One contact hour equals 4 CCUs.
 - (iii) Licensees are limited to the following number of CCUs:
 - (I) PTs may submit no more than 10 CCUs for this activity.

- (II) PTAs may submit no more than 8 CCUs for this activity.
 - (iv) Documentation required for consideration includes one of the following: a copy of a brochure for the presentation indicating the licensee as a presenter; or, a copy of the cover from the program and page(s) indicating the licensee as a presenter.
 - (v) If selected for audit, the licensee must submit the approval letter from the board-approved organization.
- (F) Service as a clinical instructor for full-time, entry-level PT or PTA students enrolled in accredited education. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.
 - (i) The instructorship must be completed within the 24 months prior to the license expiration date.
 - (ii) Valuation of clinical instruction is as follows:
 - (I) Supervision of full-time PT or PTA students for 5 - 11 weeks is valued at 5 CCUs.
 - (II) Supervision of full-time PT or PTA students for 12 weeks or longer is valued at 10 CCUs.
 - (iii) Licensees are limited to the following number of CCUs:
 - (I) PTs may submit a maximum of 10 CCUs for this activity.
 - (II) PTAs may submit a maximum of 8 CCUs for this activity.
 - (iv) If selected for audit, the licensee must submit a letter or certificate from the coordinator of clinical education confirming clinical supervision and the number of weeks supervised from the education program.
- (5) Advanced Training, Certification, and Recognition.
 - (A) Specialty Examinations. The Board will maintain and make available a list of recognized specialty examinations. Successful completion of a recognized specialty examination (initial or recertification) is automatically approved and assigned a standard approval number by the board-approved organization.
 - (i) The specialty examination must be successfully completed within the 24 months prior to the license expiration date.
 - (ii) Each recognized specialty examination is valued at 30 CCUs.
 - (iii) If selected for audit, the licensee must submit a copy of the letter from the certifying body notifying the licensee of completion of the specialty from the credentialing body, and a copy of the certificate of specialization.
 - (iv) A specialty examination not on the list of recognized examinations but pertinent to the physical therapy profession may be submitted to the board-approved organization for consideration. Documentation required for consideration includes the following:
 - (I) Identification and description of the sponsoring organization and its authority to grant a specialization to PTs or PTAs;
 - (II) A complete description of the requirements for specialization including required clock hours of no less than 1,500 completed within the prior 24 months;
 - (III) A copy of the letter notifying the licensee of completion of the specialty from the certifying body, and a copy of the certificate of specialization.
 - (B) APTA Certification for Advanced Proficiency for the PTA. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.
 - (i) The certification must be successfully completed within the 24 months prior to the license expiration date.
 - (ii) Completion of specialty certification is valued at 20 CCUs.
 - (iii) If selected for audit, the licensee must submit a copy of the letter notifying the licensee of completion of the advanced proficiency, and a copy of the certificate of proficiency.
 - (C) Residency or fellowship relevant to physical therapy. The Board will maintain and make available a list of recognized residencies and fellowships. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.
 - (i) The residency or fellowship must be successfully completed within the 24 months prior to the license expiration date.
 - (ii) Completion of the residency or fellowship is valued at 30 CCUs.
 - (iii) If selected for audit, the licensee must submit a copy of the letter notifying the licensee of completion of the fellowship, and a copy of the fellowship certificate.
 - (D) Supervision or mentorship of a resident or fellow in an American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE) credentialed residency or fellowship program. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.
 - (i) Clinical supervision of a resident for a minimum of 1500 hours or a fellow for a minimum of 1000 hours is valued at 10 CCUs.
 - (ii) Licensees may submit a maximum of 20 CCUs for this activity.
 - (iii) If selected for audit, the licensee must submit a copy of a letter from the credentialed residency or fellowship program confirming participation as a clinical mentor, with the length of time served as a clinical mentor.
 - (E) Practice Review Tool (PRT) of the Federation of State Boards of Physical Therapy (FSBPT). This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.
 - (i) Completion of a PRT is valued at 15 CCUs.
 - (ii) If selected for audit, the licensee must submit a copy of the FSBPT certificate of completion.
- (6) Professional Membership and Service. Licensees may submit activities in this category for up to one half of their CC requirement (PT - 15 CCUs, PTAs - 10 CCUs) at time of renewal. Licensees must demonstrate membership or

participation in service activities for a minimum of one year during the renewal period to receive credit. Credit is not prorated for portions of years.

(A) Membership in the APTA. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

(i) One year of membership is valued at 1 CCU.

(ii) If selected for audit, the licensee must submit a copy of the current membership card.

(B) Service on a board, committee, or taskforce for the Texas Board of Physical Therapy Examiners, the American Physical Therapy Association (APTA) (or an APTA component), or the Federation of State Boards of Physical Therapy (FSBPT). This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

(i) One year of service is valued at 3 CCUs.

(ii) Licensees are limited to the following number of CCUs per renewal:

(I) PTs may submit a maximum of 9 CCUs for this activity.

(II) PTAs may submit a maximum of 6 CCUs for this activity.

(iii) If selected for audit, the licensee must submit a copy of a letter on official organization letterhead or certificate confirming completion of service.

(C) Service as a TPTA Continuing Competence Approval Program reviewer. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

(i) One year of service is valued at 3 CCUs.

(ii) Licensees are limited to the following number of CCUs per renewal:

(I) PTs may submit a maximum of 6 CCUs for this activity.

(II) PTAs may submit a maximum of 6 CCUs for this activity.

(iii) If selected for audit, the licensee must submit a copy of a letter or certificate confirming completion of service on official organization letterhead.

(D) Service as an item writer for the national PT or PTA exam. This activity type is automatically approved and is assigned a standard approval number by the board-approved organization.

(i) One year of service is valued at 5 CCUs.

(ii) Licensees are limited to the following number of CCUs per renewal:

(I) PTs may submit a maximum of 10 CCUs for this activity.

(II) PTAs may submit a maximum of 10 CCUs for this activity.

(iii) If selected for audit, the licensee must submit a copy of a letter or certificate confirming completion of service on official organization letterhead.

§341.6 License Restoration – Adopted to be effective March 1, 2015

Summary of Amendment: The amendment adds language to (d) to establish a timeframe for completion of supervised clinical practice for restoring a Texas license that has been expired for one to five years, and to clarify the application requirements for a new license if an applicant is not eligible for restoration.

§341.6 License Restoration

(a) The board may reinstate a license that has been expired one year or more through the process of restoration if certain requirements are met.

(b) Duration. The original expiration date of a restored license will be adjusted so that the license will expire two years after the month of restoration.

(c) Persons who are currently licensed in good standing in another state, district, or territory of the U.S. The requirements for restoration are:

- (1) a completed restoration application form;
- (2) a passing score on the jurisprudence examination;
- (3) verification of Licensure from all states in which the applicant holds or has held a license; and
- (4) the restoration fee.

(d) Persons who are not currently licensed in another state or territory of the U.S.

(1) A licensee whose Texas license is expired for one to five years. The requirements for restoration are:

- (A) a completed restoration application form;
- (B) a passing score on the jurisprudence examination;
- (C) the restoration fee;
- (D) verification of Licensure from all states in which the applicant has held a license; and
- (E) demonstration of competency. Competency may be demonstrated in one of the following ways:
 - (i) reexamination with a passing score on the national physical therapy exam;
 - (ii) completion of an advanced degree in physical therapy within the last five years;
 - (iii) For PTs only: successful completion of a board-approved practice review tool and 30 CCUs of board-approved continuing competence activities within the previous 24 months;
 - (iv) For PTs only: 480 hours on-site supervised clinical practice completed over a continuous 12 month period and 30 CCUs of board-approved continuing competence activities within the previous 24 months;
 - (v) For PTAs only: 320 hours on-site supervised clinical practice completed over a continuous 12 month period and 20 CCUs of board-approved continuing competence activities within the previous 24 months.

(2) A licensee whose Texas license is expired for five years or more may not restore the license but may obtain a new license by taking the national examination again and getting a new license by relicensure. The requirements for relicensure are:

- (A) a completed application form;
- (B) a passing score on the jurisprudence examination;
- (C) the application fee; and
- (D) a passing score on the national exam, reported directly to the board by the Federation of State Boards of Physical Therapy.

(e) Military spouses. The board may restore the license to an applicant who is the spouse of a person serving on active duty as a member of the armed forces of the U.S., who has, within the five years preceding the application date, held the license in this state that expired while the applicant lived outside of this state for at least six months. In addition to the requirements listed in subsection (c)(1) - (4) of this section, the application for restoration shall include:

- (1) official documentation of current active duty of the applicant's spouse;
- (2) official documentation of residence outside of Texas for a period of no less than six months, including the date the applicant's license expired;
- (3) demonstration of competency. Competency may be demonstrated in one of the following

ways:

- (A) verification of current licensure in good standing in another state, district or territory of the U.S.;
 - (B) reexamination with a passing score on the national physical therapy exam;
 - (C) completion of an advanced degree in physical therapy within the last five years; or
 - (D) successful completion of a practice review tool and continuing competence activities as specified by the board.
- (f) Renewal of a restored license. To renew a license that has been restored, a licensee must comply with all requirements in §341.1 of this title (relating to Requirements for Renewal).

Proposed Rule Amendment to §322.4. Practicing in a Manner Detrimental to the Public Health and Welfare

Summary of Amendment: The amendment adds language to include failing to maintain confidentiality as detrimental practice.

§322.4. Practicing in a Manner Detrimental to the Public Health and Welfare.

(a) No change.

(b) Practicing in a manner detrimental to the public health and welfare may include, but is not limited to, the following:

(1) - (17) No change.

(18) failing to maintain the confidentiality of all verbal, written, electronic, augmentative, and nonverbal communication, including compliance with HIPAA regulations.

Proposed Rule Amendment to §341.9. Retired Status

Summary of Amendment: The amendment eliminates the need for a notarized application and modifies the language concerning requirements for reinstatement from retired status to active status.

§341.9. Retired Status.

(a) Retired status means that a licensee is providing physical therapy services only in the domain of voluntary charity care.

(b) As used in the section:

(1) "voluntary charity care" means physical therapy services provided for no compensation as a volunteer of a charitable organization as defined in §84.003 of the Texas Civil Practice and Remedies Code. Charitable organizations include any bona fide charitable, religious, prevention of cruelty to children or animals, youth sports and youth recreational, neighborhood crime prevention or patrol, or educational organization (excluding fraternities, sororities, and secret societies), or other organization promoting the common good and general welfare for the people in a community, including these types of organizations with a §501(c)(3) or (4) exemption from federal income tax, some chambers of commerce, and volunteer centers certified by the Department of Public Safety.

(2) "compensation" means direct or indirect payment of anything of monetary value.

(c) To be eligible for retired status, a licensee must hold a current license on active or inactive status.

(d) Requirements for initiation of retired status. The components required to put a license on retired status are:

- (1) a completed [~~and notarized~~] retired status application form;
- (2) completion of board-approved continuing competence activities for the current renewal period;
- (3) the retired status fee and any late fees which may be due; and
- (4) a passing score on the jurisprudence exam.

(e) Requirements for renewal of retired status. A licensee on retired status must renew the retired status every two years on his/her license renewal date. The components required to renew the retired status are:

- (1) a completed retired status application form;
- (2) completion of six units [~~hours~~] of board-approved continuing competence activities by both PTs and PTAs;
- (3) the retired status renewal fee, and any late fees which may be due; and
- (4) a passing score on the jurisprudence exam.

(f) Requirements for reinstatement of active status. A licensee on retired status may request a return to active status at any time. The components required to return to active status are:

(1) a signed renewal application form, documenting completion of board-approved continuing competence activities for the current renewal period, as described in §341.2 of this title, 30 CCUs for PTs and 20 CCUs for PTAs;

(A) proof of voluntary charity care as defined in (b) (1) of this section can count toward up to one-half (1/2) of the continuing competence requirement;

(B) ten (10) hours of voluntary charity care equals 1 CCU.

(2) the renewal fee, and any late fees which may be due; and

(3) a passing score on the jurisprudence exam.

~~[(f) Requirements for return to active practice. A licensee who has been on retired status for less than one year must submit the regular license renewal fee and the late fee as described in §341.1, Requirements for Renewal. A licensee who has been on retired status for more than one year must retake and pass the national licensure examination to return the license to active status. The components required to return the license to active status are:~~

~~(1) a completed and notarized application;~~

~~(2) a fee equal to the license application fee;~~

~~(3) a passing score on the retake of the national examination, and~~

~~(4) a passing score on the jurisprudence exam.]~~

(g) A license may be maintained on retired status indefinitely.

(h) A licensee on retired status may use the designation "PT, retired" or "PTA, retired", as appropriate.

(i) Licensees on retired status are subject to the audit of continuing competence activities as described in §341.2 of this title, concerning Continuing Competence Requirements.

(j) Licensees providing voluntary charity care are subject to the provisions of [disciplinary action under] the Physical Therapy Practice Act and Rules; and as such, violations could result in disciplinary action.

Proposed Rule Amendment to §346.3. Early Childhood Intervention (ECI) Setting

Summary of Amendment: The amendment changes the requirement for review of the plan of care from at least every 30 days to at least every 60 days or concurrent with every visit if the child is seen at intervals greater than 60 days.

§346.3. Early Childhood Intervention (ECI) Setting.

(a) In the provision of early childhood services through the Early Childhood Intervention (ECI) program, the physical therapist conducts appropriate screenings, evaluations, and assessments to determine needed services to fulfill family-centered goals. When a child is determined by the PT to be eligible for physical therapy, the PT provides written recommendations to the Interdisciplinary Team as to the amount of specific services needed by the child.

(b) Subject to the provisions of §322.1 of this title (relating to Provision of Services), the PT implements physical therapy services in accordance with the recommendations accepted by the Interdisciplinary Team, as stated in the Individual Family Service Plan (IFSP).

(c) The types of services which require a referral from a qualified licensed healthcare practitioner include the provision of individualized specially designed instructions, direct physical modeling or hands-on demonstration of activities with a child who has been determined eligible to receive physical therapy. Additionally, a referral is required for services that include the direct provision of treatment and/or activities which are of such a nature that they are only conducted with the child by a physical therapist or physical therapist assistant.

(d) The physical therapist may provide general consultation or other program services to address child/family-centered issues.

(e) Evaluation and reevaluation in the early childhood intervention setting will be conducted in accordance with federal mandates under Part C of the Individuals with Disabilities Education Act (IDEA), 20 USC §1436, or when warranted by a change in the child's condition, and include onsite reexamination of the child. The Plan of Care (Individual Family Service Plan) must be reviewed by the PT at least every 60 days, or concurrent with every visit if the child is seen at intervals greater than 60 days, ~~every 30 days~~ to determine if revisions are necessary.

Proposed Rule Amendment to §329.2. Licensure by Examination

Summary of Amendment: The amendment establishes a lifetime maximum of attempts and a low score maximum for taking the National Physical Therapy Examination (NPTE) to comply with changes in the eligibility requirements which will be implemented by the Federation of State Boards of Physical Therapy (FSBPT) who owns and administers the test, and eliminates the requirement for remediation after two (2) or more unsuccessful attempts.

§329.2. Licensure by Examination.

(a) Requirements. An applicant applying for licensure by examination must:

- (1) meet the requirements as stated in §329.1 of this title (relating to General Licensure Requirements and Procedures);
- (2) register to take the national exam through this state, and have the first score report sent to this state; and
- (3) pass the National Physical Therapy Exam (NPTE) for physical therapists or physical therapist assistants with the score set by the board. Score reports must be sent directly to the board by the authorized score reporting service.

(b) Re-examination.

- (1) ~~[First re-examination.]~~ An applicant who fails the exam ~~[the first time]~~ is eligible to take the examination again ~~[a second time]~~ after submitting a re-exam application and fee.
- (2) ~~An applicant can take the exam a maximum of six (6) times. [Second or subsequent re-examination. An applicant who fails the exam twice or more must complete additional education before taking the exam again. The amount of additional education is set forth in the attached chart. To be eligible to register for the exam again, the applicant must submit a letter that identifies the area(s) of weakness and describes the plan that addresses the weakness(s). The letter must be accompanied by proof that the additional education has been successfully completed. Additional education may be one or more of the following:~~
 - ~~(A) A commercial review course.~~
 - ~~(B) An individual tutorial. The completed tutorial must be signed by the tutor and notarized, and include the tutor's curriculum vitae. If the applicant is applying for a PT license, the tutor must be a licensed PT. If the applicant is applying for a PTA license, the tutor must be a licensed PT, or a licensed PTA who is associated with a Texas PTA program.~~
 - ~~(C) Board-approved continuing competence (CCU) activities.]~~

[ADDITIONAL EDUCATION REQUIREMENTS FOR LICENSURE APPLICANTS WHO FAIL THE NATIONAL EXAMINATION]

[Requirements based on:	Tutorial Hour Requirements	CCU Requirements
1) number of failures AND		

2) exam score (passing = 600)		
A. Applicants who fail the exam 2 or 3 times		
PT..... 599 – 586 — PTA..... 599 – 584	25 hours tutorial	15 CCUs
PT..... 585 – 566 — PTA..... 583 – 560	40 hours tutorial	20 CCUs
PT..... 565 & below — PTA..... 560 & below	80 hours tutorial	40 CCUs
B. Applicants who fail the exam 4 times		
PT..... 599 – 586 — PTA..... 599 – 584	50 hours tutorial	30 CCUs
PT..... 585 – 566 — PTA..... 583 – 560	80 hours tutorial	40 CCUs
PT..... 565 & below — PTA..... 560 & below	160 hours tutorial	80 CCUs
C. Applicants who fail the exam 5, 6, or 7 times		
PT..... 599 – 586 — PTA..... 599 – 584		60 CCUs
PT..... 585 – 566 — PTA..... 583 – 560		90 CCUs
PT..... 565 & below — PTA..... 560 & below		150 CCUs
D. Applicants who fail the exam 8 or more times must repeat an accredited PT or PTA program.~]		

(3) An applicant who receives two (2) very low scores on the exam (scale scores 400 or below) will not be eligible to test again.

(4) An applicant can take the exam for PTs six (6) times and also take the exam for PTAs six (6) times if otherwise eligible to do so.

(c) – (d) (No change.)